



Housing Authority of the County of Berks

1803 Butter Lane, Reading, PA 19606-0800



Voice: 610-370-0822

Fax: 610-370-2766

National Relay Service Dial: 711

www.berksha.org

Email: HCVinfo@berksha.org

Rent Increase Request Housing Choice Voucher Program

BCHA USE ONLY	
Date Received:	
Date Approval/Denial Sent:	

Please return this form to initiate request for a rent increase.

IMPORTANT NOTE: When you submit a rent increase request, A Rent Reasonableness test will be conducted. At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA.

A request for rent increase must comply with all of the following requirements before the Executive Director of the Housing Authority (PHA) can approve your request.

- You must first provide confirmation that your tenant will sign an amended lease for the requested rent. This is verified by having the tenant sign this form prior to submission.
- To have your request made effective at recertification date, it must be submitted no less than 60 days prior to the anniversary date. No rent increases can occur during the first 12 months of a new contract.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your assisted unit.
- For a multi-family apartment building or complex having three (3) or more units, please submit your current rent roll.

In addition, please note the procedure for processing a rent increase request.

- ◆ Only one request per unit will be processed by this agency during any 12-month period.
- ◆ You must submit a new lease addendum accepting the approved rent increase.

****** Note to tenant: Your monthly portion may increase by some or the entire approved rent-increase amount. ******

Amount of current contract rent is: \$ _____ per month. Date of last rent increase: _____

I would like to increase the rent to: \$ _____ per month. Desired effective date: _____

Please sign and date below:

Property Owner/Agent (print)

Tenant Name (print)

Property Owner/Landlord/Agent (Sign & Date)

Tenant (Sign & Date)



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REQUEST FOR CONTRACT RENT CHANGE – HOUSING CHOICE VOUCHER PROGRAM

BCHA USE ONLY

Date Received: _____

Date Approval/Denial Sent: _____

From: Landlord/Owner: _____

Address: _____

RE: Tenant's Name: _____

*** Initial Date of Tenant's Occupancy: _____

Unit Address: _____

The reasons for the requested change are those checked and described below. During the past year:

_____ Property taxes increased approximately \$_____.

_____ Insurance costs increased approximately \$_____.

The following maintenance items and/or improvements were made:

The rates for the following utilities, **WHICH ARE INCLUDED IN THE RENT**, have increased:

Electric \$_____ Heat \$_____ Water \$_____ Sewer \$_____ Trash Collection \$_____

Other increased costs are:

Signed: _____

Landlord/Manager

* IMPORTANT *

Although there are no HUD ceilings on the rents charged in the Housing Choice Voucher Program, the rent must still be Reasonable and Comparable to the rents charged for comparable unassisted units. The PHA makes the determination of reasonableness and comparability based on the unit inspection report and rental market information.



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Rent Increase Request Form Housing Choice Voucher (HCV) Program

BCHA USE ONLY

Date Received:

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ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED BY THE DEADLINE GIVEN. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

Landlord Name _____ Landlord Mailing Address _____
 Landlord Email Address _____ Landlord Phone Number _____
 Property Name (if applicable) _____ Participant Name _____
 Unit Address _____ Participant SSN (Last 4 digits) _____
 _____ State _____ Zip _____

Sq. Feet _____ Year Built _____ # of Bedrooms _____ # of Bathrooms _____ Total # of Units in Building/Complex _____
 Type of Residence (Select one): Detached (<5 Units: house, townhouse/villa, duplex) Multi-Family (5+ Units: high-rise, low-rise)

Amenities Provided by Property Owner

Property and Participant Information

- Washer/Dryer W/D hookups Dishwasher Garbage Disposal Ceiling Fan Pool
 _____ Balcony Deck Lawn Maintenance Pest Control Alarm System
 Off-Street Parking Garage Parking - # spaces: _____ Carport Parking - # spaces: _____
 Other _____

Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by O = Owner T = Tenant	Paid by O = Owner T = Tenant
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric	Other Electric = Lights and Appliances		
Water			
Sewer			
Trash Collection			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (specify)			

Current Contract Rent

Contract Rent Request

BCHA Rent Determination

Pursuant to Section B, 6 of the HAP contract, the Berks County Housing Authority (BCHA), has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details BCHA's acceptance decision.

- YES** Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date of your HAP contract.
- ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjustment rent amount is \$ _____, effective on the renewal date of your HAP contract.
- NO** Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 60 days before your next annual HAP contract renewal.
- NO** Your rent increase request was received late and the comparable analysis will not be conducted at this time. Please resubmit your request 60 days before your next annual HAP contract renewal.

BCHA Signature _____

Date _____